

Exhibit B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X	:	
TOEHL HARDING,	:	
	:	Hon. Robert P. Patterson
<i>Plaintiff,</i>	:	
	:	07-CV-08767 (RPP)
- against -	:	
	:	
DAVID NASEMAN,	:	
	:	
<i>Defendant.</i>	:	
-----X	:	

DECLARATION OF GUS R. LESNEVICH

I, Gus R. Lesnevich, declare as follows:

1. I am an individual residing in the State of Pennsylvania. I have personal knowledge of the statements made in this declaration.
2. I have been employed as a forensic document examiner for over 38 years. In the course of my employment, I have been employed as the Senior Document Examiner for the United States Secret Service. See Exhibit 1 hereto, a true and accurate copy of my *Curriculum Vitae*; see also, *United States v. Rutland*, 372 F.3d 543, 545 (3d Cir., 2004)
3. I am a member of several professional associations and was certified by the Department of Defense in 1970 and the American Board of Forensic Document Examiners in 1980, 1985, 1990, and 2000. *Id.*
4. I have analyzed documents for the governments of the United States, South Korea, South Vietnam, Australia, New Zealand, Great Britain, and France.
5. I have worked on cases as a government expert concerning the Iran-Contra Affair, Oliver North, Richard Secord, Caspar Weinberger, Michael Milken, Leona Helmsley, Imelda Marcos, the office of Kenneth Starr, and various organized crime cases.

6. I have testified as an expert for approximately 38 years in over 500 cases.

7. I have prepared an Expert Report in this litigation dated May 29, 2008, as well as Supplemental Expert Reports dated June 2, 2008. If called as a witness in this matter, I could competently testify to the statements and conclusions made within those reports.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct. Executed this 19th day of June, 2008, in Blair County, Pennsylvania.



GUS R. LESNEVICH

Exhibit C

REPORT OF EXAMINATION
HARDING V. NASEMAN
MAY 29, 2008
MY FILE No. 2008-030

GUS R. LESNEVICH
Forensic Document Examiner

1684 Henrietta Mountain Road
Martinsburg, PA 16662

Telephone: (814) 793-2377
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May 29, 2008

Peter B. Schalk, Esquire
Judd Burstein, P.C.
1790 Broadway, Suite 1501
New York, NY 10019

Re: Document Analysis
Harding v. Naseman
My File No. 2008-030

REPORT OF EXAMINATION

I. EXHIBITS EXAMINED:

- A. Copy of a Internal Revenue Service 1990 Form 1040 showing an Adjusted Gross Income of \$5,561,728.19, bearing questioned written Signatures, Dates and Occupations on page 2. These documents are further identified by Bates numbers DN00419 and DN00420; Schedule A - Itemized Deductions further identified by Bates numbers DN00423 and DN00424 and Schedule D, Capital Gains and Losses further identified by Bates numbers DN00429 and DN00430.
- B. Copy of a Internal Revenue Service 1990 Form 1040 showing an Adjusted Gross Income of \$1,323,916.85, bearing questioned written Signatures, Dates and Occupations on page 2. These documents are further identified by Bates numbers TH453 and TH454; Schedule A - Itemized Deductions further identified by Bates numbers TH457 and TH458; Schedule D, Capital Gains and Losses further identified by Bates numbers TH461 and TH462.

Note: The Exhibit A and Exhibit B Schedule D, Capital Gains and Losses forms were identified as being copies originating from the same document.

Peter B. Schalk, Esquire
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May 29, 2008

I. EXHIBITS EXAMINED:

(Continued)

- C. Copy of a New York State 1990 Form IT-201 showing an Adjusted Gross Income of \$5,561,728.19 bearing questioned written Signatures, Dates and Occupations on page 2. These documents are further identified by Bates numbers DN00432 and DN00433.
- D. Copy of a New York State 1990 Form IT-201 showing an Adjusted Gross Income of \$1,323,916.85 bearing questioned written Signatures, Dates and Occupations on page 2. These documents are further identified by Bates numbers TH466 and TH467.

II. PROBLEM:

To determine the authenticity of the Exhibit A, B, C and D documents listed above.

III. RESULTS OF EXAMINATION:

- 1. The handwritten text appearing on Exhibits A and B, with the exception of the signatures appearing on page 2 of Exhibits A and B, have been identified as having been written by a common writer.
- 2. The Signatures, written Dates and Occupations appearing at the bottom of page 2 on Exhibits A and B have been identified as being identical. This means that the bottom portion of one of the two documents was not originally written and contains a reproduction of the writing that originated from the other document.
- 3. An examination of page 2 of the Exhibit A and B documents has revealed that the bottom section of Exhibit B does not contain originally written text and that Exhibit A is the source of the text that was reproduced on to Exhibit B.

Peter B. Schalk, Esquire
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May 29, 2008

III. RESULTS OF EXAMINATION:

(Continued)

4. The handwritten text appearing on page 1 and the handwritten text appearing on lines 31 through 80 along with the written Dates that appears on Exhibits C and D have been identified as having been written by a common writer. This is the same individual who wrote the text identified in conclusion #1.
5. The Signatures and written Dates appearing at the bottom of page 2 on Exhibits C and D have been identified as being identical. This means that the bottom portion of one of the two documents was not originally written and contains a reproduction of the writing that originated from the other document.
6. An examination of page 2 of the Exhibit C and D documents has revealed that the bottom section of Exhibit D does not contain originally written text and that Exhibit C is the source of the text that was reproduced on to Exhibit D.

IV. REMARKS:

The attached Comparison Chart illustration contains an example, but not all, of the misalignments found on page 2 of the Exhibit B and D documents when compared to the written text appearing on page 2 of the Exhibit A and C documents. This misalignment in the printed text demonstrates that portions of the originally written text appearing on Exhibits A and C were reproduced onto Exhibits B and D through what is commonly referred to as a "cut and paste" technique.

I have not attached comparison chart illustrations that demonstrate that the written text appearing at the bottom of Exhibits A & B and C & D contain identical writing as listed in paragraphs 2 and 4 under Results of Examination. If it becomes necessary to render testimony on this matter, the appropriate Comparison Chart illustration must be produced in advance of any anticipated testimony.

Peter B. Schalk, Esquire
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May 29, 2008

IV. REMARKS:

(Continued)

The conclusions rendered in this report were based upon the copies submitted being true and accurate reproductions of original exhibits and the questioned hand printing, handwriting and signatures having been naturally written.

A handwritten signature in dark ink, appearing to read 'Gus R. Lesnevich', is written over the printed name.

GUS R. LESNEVICH
Forensic Document Examiner

EXHIBIT A

1040 Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 1990**

For the year Jan.-Dec. 31, 1990, or other tax year beginning 1990, ending 1990

Label (See instructions on page 8.)
Use IRS label. Otherwise, please print or type.

Personal Information

Your first name and initial: **DAVID M.** Last name: **Noseman**
If a joint return, spouse's first name and initial: **TORELL** Last name: **HARDING**
Home address (number and street). (If you have a P.O. box, see page 8.)
425 EAST 51st Street Apt. no. **5A-4A**
City, town or post office, state, and ZIP code. (If you have a foreign address, see page 9.)
New York New York 10032

Your social security number: **086 42 8261**
Spouse's social security number: **514 44 4940**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Presidential Election Campaign (See page 9.) Do you want \$1 to go to this fund? ☒ Yes ☐ No
(If joint return, does your spouse want \$1 to go to this fund?) ☒ Yes ☐ No

Filing Status (See instructions on page 8.)
Check only one box.
1 ☒ Single. (See page 10 to find out if you can file as head of household.)
2 ☐ Married filing joint return (even if only one has income).
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here.
4 ☐ Head of household (with qualifying person). (See page 10.) If the qualifying person is your child but not your dependent, enter this child's name here.
5 ☐ Qualifying widow(er) with dependent child (your spouse died in 1990). (See page 10.)

Exemptions (See instructions on page 10.)
6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b ☒ Spouse.
c Dependents: (1) Name (first, initial, and last name) (2) Check if under age 2 (3) If age 2 or older, dependent's social security number (4) Dependent's relationship to you (5) No. of months lived in your home in 1990
If more than 6 dependents, see instructions on page 11.
d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ☐
e Total number of exemptions claimed: **2**

Income (See instructions on page 11.)
7 Wages, salaries, tips, etc. (attach Form(s) W-2) **5,329.79**
8a Taxable interest income (also attach Schedule B if over \$400) **214.57**
8b Tax-exempt interest income (see page 13). DON'T include on line 8a **44**
9 Dividend income (also attach Schedule B if over \$400) **4,236.99**
10 Taxable refunds of state and local income taxes, if any, from worksheet on page 14
11 Alimony received
12 Business income or (loss) (attach Schedule C)
13 Capital gain or (loss) (attach Schedule D)
14 Capital gain distributions not reported on line 13 (see page 14)
15 Other gains or (losses) (attach Form 4797)
16a Total IRA distributions **16a** 16b Taxable amount (see page 14)
17a Total pensions and annuities **17a** 17b Taxable amount (see page 14)
18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)
19 Farm income or (loss) (attach Schedule F)
20 Unemployment compensation (insurance) (see page 16)
21a Social security benefits **21a** 21b Taxable amount (see page 16)
22 Other income (list type and amount—see page 16)
23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income **5,561.72**

Adjustments to Income (See instructions on page 17.)
24a Your IRA deduction, from applicable worksheet on page 37 or 18 **24a**
24b Spouse's IRA deduction, from applicable worksheet on page 17 or 18 **24b**
25 One-half of self-employment tax (see page 18) **25**
26 Self-employed health insurance deduction, from worksheet on page 18 **26**
27 Keogh retirement plan and self-employed SEP deduction **27**
28 Penalty on early withdrawal of savings **28**
29 Alimony paid. Recipient's SSN **29**
30 Add lines 24a through 29. These are your total adjustments **30**
31 Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than \$20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57 **5,561.72**



DN00419

Form 1040 (1999)

Page 2

32 Amount from line 31 (adjusted gross income)		32	5,541,728	19
Tax Computation (if you want IRS to figure your tax, see instructions on page 19.)	33a Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	33a		
	33b If your parent (or someone else) can claim you as a dependent, check here	33b		
	33c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here	33c		
	34 Enter the larger of: • Your standard deduction (from the chart (or worksheet) on page 20 that applies to you), OR • Your itemized deductions (from Schedule A, line 27); If you itemize, attach Schedule A and check here.	34	643,163	17
35 Subtract line 34 from line 32	35	4,918,565	02	
36 Multiply \$2,050 by the total number of exemptions claimed on line 6a	36	4,100	00	
37 Taxable income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)	37	4,914,465	02	
38 Enter tax. Check if from: a <input type="checkbox"/> Tax Table, b <input checked="" type="checkbox"/> Tax Rate Schedules, or c <input type="checkbox"/> Form 8815 (see page 21) (If any is from Form(s) 8814, enter that amount here) d	38	1,377,198	20	
39 Additional taxes (see page 21). Check if from: a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972	39		00	
40 Add lines 38 and 39	40	1,377,198	20	
Credits (See instructions on page 21.)	41 Credit for child and dependent care expenses (attach Form 2441)	41		
	42 Credit for the elderly or the disabled (attach Schedule R)	42		
	43 Foreign tax credit (attach Form 1116)	43		
	44 General business credit. Check if from: a <input type="checkbox"/> Form 3800 or b <input type="checkbox"/> Form (specify) _____	44		
	45 Credit for prior year minimum tax (attach Form 8801)	45		
46 Add lines 41 through 45	46		00	
47 Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.)	47	1,377,198	20	
Other Taxes	48 Self-employment tax (attach Schedule SE)	48		
	49 Alternative minimum tax (attach Form 6251)	49		
	50 Recapture taxes (see page 22). Check if from: a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611	50		
	51 Social security tax on tip income not reported to employer (attach Form 4137)	51		
	52 Tax on an IRA or a qualified retirement plan (attach Form 5329)	52		
	53 Advance earned income credit payments from Form W-2	53		
	54 Add lines 47 through 53. This is your total tax	54	1,377,198	20
	55 Federal income tax withheld (if any is from Form(s) 1099, check <input type="checkbox"/>).	55	1,116,624	44
Payments Attach Forms W-2, W-2G, and W-2P to front.	56 1990 estimated tax payments and amount applied from 1989 return	56		
	57 Earned income credit (see page 23)	57		
	58 Amount paid with Form 4868 (extension request)	58		
	59 Excess social security tax and RRTA tax withheld (see page 24)	59		
	60 Credit for Federal tax on fuels (attach Form 4136)	60		
	61 Regulated investment company credit (attach Form 2439)	61		
	62 Add lines 55 through 61. These are your total payments	62	1,116,624	44
Refund or Amount You Owe	63 If line 62 is more than line 54, enter amount OVERPAID	63		
	64 Amount of line 63 to be REFUNDED TO YOU	64		
	65 Amount of line 63 to be APPLIED TO YOUR 1991 ESTIMATED TAX	65		
	66 If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to: "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040" on it.	66	260,573	74
	67 Estimated tax penalty (see page 25)	67		00
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Keep a copy of this return for your records.	Preparer's signature <i>David M. [Signature]</i>	Date 4-14-91	Your occupation Attorney-at-Law	
	Spouse's signature (if joint return BOTH must sign) <i>Steele Harding</i>	Date 4-14-91	Spouse's occupation Vice President & General Counsel	
Paid Preparer's Use Only	Preparer's signature	Date	Preparer's social security no.	
	Firm's name (or yours if self-employed) and address	E.I. No.	ZIP code	

*LLS, Government Printing Office: 1990-208-050

DN00420

SCHEDULES A&B
(Form 1040)Department of the Treasury
Internal Revenue Service**Schedule A—Itemized Deductions**

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1990Attachment
Sequence No. 07

Name(s) shown on Form 1040

David M. Nasseman and Toshi Hardino

Your social security number

086 | 42 | 8241

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.	1			
	1 Medical and dental expenses. (See page 27 of the instructions.)				
	2 Enter amount from Form 1040, line 32	2			
	3 Multiply the amount on line 2 by 7.5% (.075). Enter the result	3			
	4 Subtract line 3 from line 1. Enter the result. If less than zero, enter -0-	4			00
Taxes You Paid	5 State and local income taxes	5	400,445	03	
	6 Real estate taxes	6	11,533	75	
	7 Other taxes. (List—include personal property taxes.)	7	3,012	49	
	8 Add the amounts on lines 5 through 7. Enter the total	8	414,991	27	
Interest You Paid	9a Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10	9a	7,782	75	
	b Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.)	9b			
	10 Deductible points. (See instructions for special rules.)	10			
	11 Deductible investment interest (attach Form 4952 if required). (See page 28.)	11			
	12a Personal interest you paid. (See page 28.)	12a			
	b Multiply the amount on line 12a by 10% (.10). Enter the result	12b			
	13 Add the amounts on lines 9a through 11, and 12b. Enter the total	13	7,782	75	
Gifts to Charity	Caution: If you made a charitable contribution and received a benefit in return, see page 29 of the instructions.				
	14 Contributions by cash or check	14	19,929	15	
	15 Other than cash or check. (You MUST attach Form 8283 if over \$500.)	15	500	00	
	16 Carryover from prior year	16			
	17 Add the amounts on lines 14 through 16. Enter the total	17	20,389	15	
Casualty and Theft Losses	18 Casualty or theft loss(es) (attach Form 4684). (See page 29 of the instructions.)	18			00
Moving Expenses	19 Moving expenses (attach Form 3903 or 3903F). (See page 30 of the instructions.)	19			00
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses—job travel, union dues, job education, etc. (You MUST attach Form 2106 if required. See instructions.)	20			
	21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount	21			
	22 Add the amounts on lines 20 and 21. Enter the total	22			
	23 Enter amount from Form 1040, line 32	23			
	24 Multiply the amount on line 23 by 2% (.02). Enter the result	24			
	25 Subtract line 24 from line 22. Enter the result. If less than zero, enter -0-	25			00
Other Miscellaneous Deductions	26 Other (from list on page 30 of instructions). List type and amount	26			00
Total Itemized Deductions	27 Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 20 of the instructions	27	443,163	17	

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 1990

DN00423

Schedule A-B (Form 1040) 1990

OMB No. 1545-0047 Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)

Your social security number

DAVID M. NASEMAN and THERL HARBING

08414218241

Schedule B—Interest and Dividend Income

Attachment
Sequence No. 08Part I
Interest
Income(See
Instructions
on pages 13
and 30.)

If you received more than \$400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 31), you must complete Part I. List ALL interest received in Part I. If you received more than \$400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 31.

Interest Income		Amount
1	Interest income. (List name of payer—If any interest income is from seller-financed mortgages, see Instructions and list that interest first.)	
	Republic National Bank of New York	160,073.83
	Republic National Bank of New York	84,502.41
2	Add the amounts on line 1. Enter the total	244,576.44
3	Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a	244,576.44

Note: If you received a Form 1099-INT, Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Part II
Dividend
Income(See
Instructions on
pages 13 and
31.)

If you received more than \$400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 31.

Dividend Income		Amount
5	Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.)	
	Merrill Lynch, Pierce, Fenner & Smith	3,459.90
	AM Broad casting Corporation	1,870.26
6	Add the amounts on line 5. Enter the total	5,330.16
7	Capital gain distributions. Enter here and on Schedule D*	
8	Nontaxable distributions. (See the Inst. for Form 1040, line 9.)	1,093.17
9	Add the amounts on lines 7 and 8. Enter the total	1,093.17
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9	4,236.99

* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the Instructions for Form 1040, lines 13 and 14.

Part III
Foreign
Accounts
and
Foreign
Trusts(See
Instructions
on page 31.)

If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

11a At any time during 1990, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 31 of the Instructions for exceptions and filing requirements for Form TD F 90-22.1.)

Yes No

X

b If "Yes," enter the name of the foreign country

12 Were you the grantor of, or transferor to, a foreign trust that existed during 1990, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926

X

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule B (Form 1040) 1990

*U.S. Government Printing Office: 1990—295-095

DN00424

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (0)

Name(s) shown on Form 1040

Capital Gains and Losses

(And Reconciliation of Forms 1099-B for Bartering Transactions)

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).
▶ For more space to list transactions for lines 2a and 5a, get Schedule D-1 (Form 1040).

OMB No. 1545-0074

1990Attachment
Sequence No. 12ADAVID M. NASSMAN and Toshi HARDINGYour social security number
084 42 8261**1** Enter the total sales of stocks, bonds, other securities, and real estate transactions reported to you for 1990 on Forms 1099-B and 1099-S (or on substitute statements). If this total is not the same as the total of lines 2c and 9c, column (g), attach a statement explaining the difference. (Do not include on this line amounts from Form 1099-S if you reported them on another form or schedule.) See instructions for line 1.**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) LOSS If (e) is more than (d), subtract (e) from (d)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
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2a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.**2b** Amounts from Schedule D-1, line 2b (attach Schedule D-1).**2c** Total of All Sales Price Amounts.Add column (d) of lines 2a and 2b . . . ▶ **2c****2d** Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 2a.)**3** Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c . . . **3****4** Short-term gain from installment sales from Form 6252, line 22 or 30 . . . **4****5** Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries . . . **5****6** Short-term capital loss carryover from 1989 Schedule D, line 29 . . . **6****7** Add lines 2a, 2b, 2d, and 3 through 6, in columns (f) and (g) . . . **7** ()**8** Net short-term gain or (loss). Combine columns (f) and (g) of line 7 . . . **8****Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year****9a** Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.

110 common shares of LIN Broadcasting Corp.	1-3-88	3-5-90	\$11,572	10	\$7,305	00		9,347	10
112 common shares of LIN Broadcasting Corp.	1-3-88	11-29-90	\$11,721	27	\$7,991	00		3,730	27

9b Amounts from Schedule D-1, line 9b (attach Schedule D-1).**9c** Total of All Sales Price Amounts.Add column (d) of lines 9a and 9b . . . ▶ **9c** \$28,313 37**9d** Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 9a.)**10** Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c . . . **10****11** Long-term gain from installment sales from Form 6252, line 22 or 30 . . . **11****12** Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries . . . **12****13** Capital gain distributions . . . **13****14** Gain from Form 4797, line 7 or 9 . . . **14****15** Long-term capital loss carryover from 1989 Schedule D, line 36 . . . **15****16** Add lines 9a, 9b, 9d, and 10 through 15, in columns (f) and (g) . . . **16** ()**17** Net long-term gain or (loss). Combine columns (f) and (g) of line 16 . . . **17** \$13,117 37

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 1990

DN00429

Schedule D (Form 1040) 1990		Attachment Sequence No. 12A	Page 2
Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)		Total social security number	
DAVID M. NASEMAN and TITEL HADJWA		086 42 8261	
Part III Summary of Parts I and II			
18 Combine lines 8 and 17, and enter the net gain or (loss) here. If the result is a gain, stop here and also enter the gain on Form 1040, line 13.	18	13	117 57
19 If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of:	19		
a The (loss) on line 18; or			
b (\$3,000) or, if married filing a separate return, (\$1,500).			
Note: When figuring whether line 19a or 19b is smaller, treat both numbers as if they were positive.			
Go on to Part IV if the loss on line 18 is more than \$3,000 (\$1,500, if married filing a separate return), OR if taxable income on Form 1040, line 37, is zero.			
Part IV Capital Loss Carryovers from 1990 to 1991			
Section A.—Carryover Limit			
20 Enter taxable income from Form 1040, line 37. (If Form 1040, line 37 is zero, see instructions for amount to enter.)	20		
Note: For lines 21 through 36, enter all amounts as positive numbers.			
21 Enter the loss on line 19	21		
22 Enter the amount on Form 1040, line 36	22		
23 Combine lines 20, 21, and 22. If zero or less, enter -0-	23		
24 Carryover limit. Enter the smaller of line 21 or line 23	24		
Section B.—Short-Term Capital Loss Carryover to 1991			
(Complete this section only if there is a loss on both line 8 and line 19. Otherwise, go on to Section C.)			
25 Enter the loss on line 8	25		
26 Enter the gain, if any, on line 17	26		
27 Enter the amount on line 24	27		
28 Add lines 26 and 27	28		
29 Short-term capital loss carryover to 1991. Subtract line 28 from line 25. If zero or less, enter -0-	29		
Section C.—Long-Term Capital Loss Carryover to 1991			
(Complete this section only if there is a loss on both line 17 and line 19.)			
30 Enter the loss on line 17	30		
31 Enter the gain, if any, on line 8	31		
32 Enter the amount on line 24	32		
33 Enter the amount, if any, on line 25	33		
34 Subtract line 33 from line 32. If zero or less, enter -0-	34		
35 Add lines 31 and 34	35		
36 Long-term capital loss carryover to 1991. Subtract line 35 from line 30. If zero or less, enter -0-	36		
Part V Election Not to Use the Installment Method (Complete this part only if you elect out of the installment method and report a note or other obligation at less than full face value.)			
37 Check here if you elect out of the installment method	<input type="checkbox"/>		
38 Enter the face amount of the note or other obligation			
39 Enter the percentage of valuation of the note or other obligation			
Part VI Reconciliation of Forms 1099-B for Bartering Transactions			
(Complete this part if you received one or more Forms 1099-B or substitute statements reporting bartering income.)			Amount of bartering income from Form 1099-B or substitute statement reported on form or schedule
40 Form 1040, line 22	40		
41 Schedule C (Form 1040)	41		
42 Schedule D (Form 1040)	42		
43 Schedule E (Form 1040)	43		
44 Schedule F (Form 1040)	44		
45 Other form or schedule (identify) (if nontaxable, indicate reason—attach additional sheets if necessary):	45		
46 Total (add lines 40 through 45)	46		
Note: The amount on line 46 should be the same as the total bartering income on all Forms 1099-B and substitute statements received for bartering transactions.			

EXHIBIT B

Form 1040 Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return 1990**

For the year Jan.-Dec. 31, 1990, or other tax year beginning 1990, ending 1990.

Label (See instructions on page 8.)
Use IRS label. Otherwise, please print or type.

NAME HERE
Your first name and initial: **DAVID M.** Last name: **NASEMAN**
If a joint return, spouse's first name and initial: **TOEHL** Last name: **HARDING**
Home address (number and street). (If you have a P.O. box, see page 9.)
425 East 51st Street Apt. no. **5A-6A**
City, town or post office, state, and ZIP code. (If you have a foreign address, see page 9.)
New York, New York 10022

1990 Social Security Number
Your social security number: **086 42 8261**
Spouse's social security number: **614 44 4960**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Presidential Election Campaign (See page 9.)
Do you want \$1 to go to this fund? ☒ Yes ☐ No
If joint return, does your spouse want \$1 to go to this fund? ☒ Yes ☐ No

Filing Status (See page 9.)
Check only one box.
1 ☐ Single. (See page 10 to find out if you can file as head of household.)
2 ☒ Married filing joint return (even if only one had income).
3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here.
4 ☐ Head of household (with qualifying person). (See page 10.) If the qualifying person is your child but not your dependent, enter this child's name here.
5 ☐ Qualifying widow(er) with dependent child (your spouse died ≥ 18). (See page 10.)

Exemptions (See instructions on page 10.)
6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b ☒ Spouse.
c Dependents:
(1) Name (first, initial, and last name) (2) Check if child ≥ 17 (3) Page 2 or 4 of tax dependent's social security number (4) Dependent's relationship to you (5) No. of months lived in your home in 1990
d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ☐
e Total number of exemptions claimed: **2**

Income
Attach Copy B of your Forms W-2, W-2G, and W-2P here.
If you do not have a W-2, see page 8.
Attach check or money order on top of any Forms W-2, W-2G, or W-2P.

7 Wages, salaries, tips, etc. (attach Form(s) W-2) **7 1,252,059.81**
8a Taxable interest income (also attach Schedule B if over \$400) **8a 54,602.61**
8b Tax-exempt interest income (see page 13). DON'T include on line 8a. **8b**
9 Dividend income (also attach Schedule B if over \$400) **9 4,236.99**
10 Taxable refunds of state and local income taxes. If any, from worksheet on page 14
11 Alimony received
12 Business income or (loss) (attach Schedule C)
13 Capital gain or (loss) (attach Schedule D)
14 Capital gain distributions not reported on line 13 (see page 14)
15 Other gains or (losses) (attach Form 4797)
16a Total IRA distributions **16a** 16b Taxable amount (see page 14) **16b**
17a Total pensions and annuities **17a** 17b Taxable amount (see page 14) **17b**
18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)
19 Farm income or (loss) (attach Schedule F)
20 Unemployment compensation (insurance) (see page 15)
21a Social security benefits **21a** 21b Taxable amount (see page 16) **21b**
22 Other income (list type and amount—see page 16)
23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income **23 1,323,916.85**

Adjustments to Income
(See instructions on page 17.)
24a Your IRA deduction, from applicable worksheet on page 17 or 18 **24a**
24b Spouse's IRA deduction, from applicable worksheet on page 17 or 18 **24b**
25 One-half of self-employment tax (see page 18) **25**
26 Self-employed health insurance deduction, from worksheet on page 18 **26**
27 Keogh retirement plan and self-employed SEP deduction **27**
28 Penalty on early withdrawal of savings **28**
29 Alimony paid. Recipient's SSN **29**
30 Add lines 24a through 29. These are your total adjustments **30 00**
31 Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than \$20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57 **31 1,323,916.85**

PLAINTIFF'S
EXHIBIT

TH453

Form 1040 (1990)		Page 2	
Tax Computation		32	1,228,914 85
32 Amount from line 31 (adjusted gross income)			
33a Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind			
Add the number of boxes checked above and enter the total here		33a	
b If your parent (or someone else) can claim you as a dependent, check here		33b	
c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here		33c	
34 Enter the larger of:		34	193,532 84
• Your standard deduction (from the chart (or worksheet) on page 20 that applies to you), OR			
• Your itemized deductions (from Schedule A, line 27). If you itemize, attach Schedule A and check here.			
35 Subtract line 34 from line 32		35	1,130,293 99
36 Multiply \$2,050 by the total number of exemptions claimed on line 6e		36	4,100 00
37 Taxable income: Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-)		37	1,126,293 99
38 Enter tax. Check if from: a <input type="checkbox"/> Tax Table, b <input checked="" type="checkbox"/> Tax Rate Schedules, or c <input type="checkbox"/> Form 1041 (see page 21)		38	342,246 64
(If any is from Form(s) 8814, enter that amount here) a d			
39 Additional taxes (see page 21). Check if from: a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972		39	
40 Add lines 38 and 39		40	342,246 64
Credits			
(See instructions on page 21.)			
41 Credit for child and dependent care expenses (attach Form 2441)		41	
42 Credit for the elderly or the disabled (attach Schedule R)		42	
43 Foreign tax credit (attach Form 1116)		43	
44 General business credit. Check if from:			
a <input type="checkbox"/> Form 3800 or b <input type="checkbox"/> Form (specify)		44	
45 Credit for prior year minimum tax (attach Form 8801)		45	
46 Add lines 41 through 45		46	00
47 Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-)		47	342,246 64
Other Taxes			
48 Self-employment tax (attach Schedule SE)		48	
49 Alternative minimum tax (attach Form 6251)		49	
50 Recapture taxes (see page 22). Check if from: a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611		50	
51 Social security tax on tip income not reported to employer (attach Form 4137)		51	
52 Tax on an IRA or a qualified retirement plan (attach Form 5329)		52	
53 Advance earned income credit payments from Form W-2		53	
54 Add lines 47 through 53. This is your total tax		54	342,246 64
Payments			
(Attach Forms W-2, W-2G, and W-2P to front.)			
55 Federal income tax withheld (if any is from Form(s) 1099, check <input type="checkbox"/>)		55	237,028 52
56 1990 estimated tax payments and amount applied from 1989 return		56	
57 Earned income credit (see page 23)		57	
58 Amount paid with Form 4868 (extension request)		58	
59 Excess social security tax and RDTA tax withheld (see page 24)		59	
60 Credit for Federal tax on fuels (attach Form 4136)		60	
61 Regulated investment company credit (attach Form 2439)		61	
62 Add lines 55 through 61. These are your total payments		62	237,028 52
Refund or Amount You Owe			
63 If line 62 is more than line 54, enter amount OVERPAID		63	
64 Amount of line 63 to be REFUNDED TO YOU		64	
65 Amount of line 63 to be APPLIED TO YOUR 1991 ESTIMATED TAX <input type="checkbox"/> 65			
66 If line 64 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040" on it.		66	105,238 12
67 Estimated tax penalty (see page 25)		67	
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Your signature		Date	Your occupation
Daniel M. Freeman		4-14-91	Attorney-at-Law
Spouse's signature (if joint return) (V-01) (attach)		Date	Spouse's occupation
Kelli Harding		4-14-91	Vice President & General Counsel
Paid Preparer's Use Only		Date	Check if self-employed <input type="checkbox"/>
Preparer's signature		Preparer's social security no.	
Firm's name (if you are self-employed) and address		Est. No.	
		ZIP code	

U.S. Government Printing Office: 1990 - 295-058

TH454

SCHEDULES A&B
(Form 1040)Department of the Treasury
Internal Revenue Service (7)

Name(s) shown on Form 1040

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

OMB No. 1545-0047

1990Attachment
Sequence No. 07

Your social security number

086-42-8241

**Medical and
Dental Expenses**

Caution: Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses. (See page 27 of the instructions.)

2 Enter amount from Form 1040, line 32

3 Multiply the amount on line 2 by 7.5% (.075). Enter the result

4 Subtract line 3 from line 2. Enter the result. If less than zero, enter -0-

**Taxes You
Paid**(See
instructions
on page 27.)

5 State and local income taxes

6 Real estate taxes

7 Other taxes. (List—Include personal property taxes.)

8 Add the amounts on lines 5 through 7. Enter the total.

**Interest You
Paid**(See
instructions
on page 27.)

9a Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10.

b Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.)

10 Deductible points. (See instructions for special rules.)

11 Deductible investment interest (attach Form 4952 if required). (See page 28.)

12a Personal interest you paid. (See page 28.)

b Multiply the amount on line 12a by 10% (.10). Enter the result.

13 Add the amounts on lines 9a through 11, and 12b. Enter the total.

**Gifts to
Charity**(See
instructions
on page 29.)

Caution: If you made a charitable contribution and received a benefit in return, see page 29 of the instructions.

14 Contributions by cash or check

15 Other than cash or check. (You MUST attach Form 8283 if over \$500.)

16 Carryover from prior year.

17 Add the amounts on lines 14 through 16. Enter the total.

**Casualty and
Theft Losses**

18 Casualty or theft loss(es) (attach Form 4684). (See page 29 of the instructions.)

**Moving
Expenses**

19 Moving expenses (attach Form 3903 or 3903F). (See page 30 of the instructions.)

**Job Expenses
and Most Other
Miscellaneous
Deductions**(See
instructions on
page 30 for
expenses to
deduct here.)

20 Unreimbursed employee expenses—job travel, union dues, job education, etc. (You MUST attach Form 2106 if required. See instructions.)

21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount.

22 Add the amounts on lines 20 and 21. Enter the total.

23 Enter amount from Form 1040, line 32.

24 Multiply the amount on line 23 by 2% (.02). Enter the result.

25 Subtract line 24 from line 22. Enter the result. If less than zero, enter -0-

**Other
Miscellaneous
Deductions**

26 Other (from list on page 30 of instructions). List type and amount.

**Total Itemized
Deductions**

27 Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 20 of the instructions.

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 1990

TH457

Schedule A&B (Form 1040) 1990

OMB No. 1545-0074 Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)

David M. NASEMAN and Todd Harding

Your social security number

08614218241

Schedule B—Interest and Dividend Income

Attachment
Sequence No. 08Part I
Interest
Income(See
instructions
on pages 13
and 30.)

If you received more than \$400 in taxable interest income, or you are claiming the exclusion of interest from series EE U.S. savings bonds issued after 1989 (see page 31), you must complete Part I. List ALL interest received in Part I. If you received more than \$400 in taxable interest income, you must also complete Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 31.

Interest Income		Amount
1	1 Interest income. (List name of payer—if any interest income is from seller-financed mortgages, see instructions and list that interest first.)	
	<u>Republic National Bank of New York</u>	<u>54,502.61</u>
2 Add the amounts on line 1. Enter the total		<u>54,502.61</u>
3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040		
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a		<u>54,502.61</u>

Note: If you received a Form 1099-INT, Form 1099-ORD, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Part II
Dividend
Income(See
instructions on
pages 13 and
31.)

If you received more than \$400 in gross dividends and/or other distributions on stock, you must complete Parts II and III. If you received, as a nominee, dividends that actually belong to another person, see page 31.

Dividend Income		Amount
5	5 Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.)	
	<u>Merrill Lynch Pierce Fenner & Smith</u>	<u>2,459.90</u>
	<u>LLN Broadcasting Corporation</u>	<u>1,870.26</u>
6 Add the amounts on line 5. Enter the total		<u>5,330.16</u>
7 Capital gain distributions. Enter here and on Schedule D*		
8 Nontaxable distributions. (See the last for Form 1040, line 9.)		<u>1,093.17</u>
9 Add the amounts on lines 7 and 8. Enter the total		<u>1,093.17</u>
10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9		<u>4,236.99</u>

Note: If you received a Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

*If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14.

Part III
Foreign
Accounts
and
Foreign
Trusts(See
instructions
on page 31.)

If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

11a At any time during 1990, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 31 of the instructions for exceptions and filing requirements for Form TD F 90-22.1.)

b If "Yes," enter the name of the foreign country

12 Were you the grantor of, or transferor to, a foreign trust that existed during 1990, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926

Yes	No
	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

*U.S. Government Printing Office: 1990 — 265-458

Schedule B (Form 1040) 1990

TH458

SCHEDULE D
(Form 1040)

Capital Gains and Losses

(And Reconciliation of Forms 1099-B for Bartering Transactions)

Department of the Treasury
Internal Revenue Service (3)

▶ Attach to Form 1040. ▶ See Instructions for Schedule D (Form 1040).
▶ For more space to list transactions for lines 2x and 2y, get Schedule D-1 (Form 1040).

CMB No. 1345-H324

1990

Attachment
Sequence No. 12A

Name(s) shown on Form 1040

Your social security number
0261421226

DAVID M. NASTMAN and Töchl HARDING

1 Enter the total sales of stocks, bonds, other securities, and real estate transactions reported to you for 1990 on Forms 1099-B and 1099-S (or on substitute statements). If this total is not the same as the total of lines 2c and 3c, column (d), attach a statement explaining the difference. (Do not include on this line amounts from Form 1099-S if you reported them on another form or schedule.) See instructions for line 1.

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

Assets Held One Year or Less		Assets Held One Year or Less		Assets Held One Year or Less	
(a) Description of property (Ex: 100 shares 7% preferred of "X" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) GAIN or LOSS (If (e) is more than (d), subtract (d) from (e). If (d) is more than (e), subtract (e) from (d).)

2a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2
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2b Amounts from Schedule D-1, line 2b (attach Schedule D-1)

2c	Total of All Sales Price Amounts. Add column (d) of lines 2a and 2b	2c
----	--	----

2d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 2b.)

[illegible]

3 Short-term gain from sale or exchange of your home from Form 2119, lines 10 or 14c

4	Short-term gain from installment sales from Form 6252, line 22 or 30	4	
5	Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries	5	

6	Short-term capital loss carryover from 1989 Schedule O, line 29	6			
7	Add lines 2a, 2b, 2d, and 3 through 6, in columns (f) and (g)	7			

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

9a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See instructions.

11a common stock of	1-3-88	3-5-90	\$14,573	10	\$7,285	46	0	2014	10
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<u>110</u>	<u>Common Share of</u>	1-3-88	3-3-90	\$4,572.10	7,365.00			9,387.10
<u>110</u>	<u>Bonding Co.</u>							

[illegible]

1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319</
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[illegible][illegible]

9d Other Transactions (Do NOT include real estate transactions from Form 1099-C, Capital Gains and Losses, Form 6-1

[illegible][illegible]

1	Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c.	10	
1	Long-term gain from installment sales from Form 6252, line 22 or 30.	11	

2	Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries	12			
3	Capital gain distributions	13			

Gain from Form 4797, line 7 or 9	14			
Long-term capital loss carryover from 1999 Schedule D, line 36	15			

7	Net long-term gain or (loss). Combine columns (f) and (g) of line 16.	16	()		
		37	718	117	37		

Schedule D (Form 1040) 1990

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 1990

TH461

Schedule D (Form 1040) 1990 Attachment Sequence No. 12A **Part 2**

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.) **DAVID M. NASEMAN and TARA HANNA** Your social security number **036 42 5261**

Part III Summary of Parts I and II

18 Combine lines 8 and 17, and enter the net gain or (loss) here. If the result is a gain, stop here and also enter the gain on Form 1040, line 13. **18 13, 117 37**

19 If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of:
 a The (loss) on line 18; or
 b (\$3,000) or, if married filing a separate return, (\$1,500).
 Notes: When figuring whether line 19a or 19b is smaller, treat both numbers as if they were positive. Go on to Part IV if the loss on line 18 is more than \$3,000 (\$1,500, if married filing a separate return), OR if taxable income on Form 1040, line 37, is zero. **19 ()**

Part IV Capital Loss Carryovers from 1990 to 1991

Section A—Carryover Limit

20 Enter taxable income from Form 1040, line 37. (If Form 1040, line 37 is zero, see instructions for amount to enter.) **20**

Note: For lines 21 through 36, enter all amounts as positive numbers.

21 Enter the loss on line 19 **21**

22 Enter the amount on Form 1040, line 36 **22**

23 Combine lines 20, 21, and 22. If zero or less, enter -0- **23**

24 Carryover limit. Enter the smaller of line 21 or line 23 **24**

Section B—Short-Term Capital Loss Carryover to 1991
 (Complete this section only if there is a loss on both line 8 and line 19. Otherwise, go on to Section C.)

25 Enter the loss on line 8 **25**

26 Enter the gain, if any, on line 17 **26**

27 Enter the amount on line 24 **27**

28 Add lines 26 and 27 **28**

29 Short-term capital loss carryover to 1991. Subtract line 28 from line 25. If zero or less, enter -0- **29**

Section C—Long-Term Capital Loss Carryover to 1991
 (Complete this section only if there is a loss on both line 17 and line 19.)

30 Enter the loss on line 17 **30**

31 Enter the gain, if any, on line 8 **31**

32 Enter the amount on line 24 **32**

33 Enter the amount, if any, on line 25 **33**

34 Subtract line 33 from line 32. If zero or less, enter -0- **34**

35 Add lines 31 and 34 **35**

36 Long-term capital loss carryover to 1991. Subtract line 35 from line 30. If zero or less, enter -0- **36**

Part V Election Not to Use the Installment Method (Complete this part only if you elect out of the installment method and report a note or other obligation at less than full face value.)

37 Check here if you elect out of the installment method ☐

38 Enter the face amount of the note or other obligation **38**

39 Enter the percentage of valuation of the note or other obligation **39**

Part VI Reconciliation of Forms 1099-B for Bartering Transactions
 (Complete this part if you received one or more Forms 1099-B or substitute statements reporting bartering income.)

Amount of bartering income from Form 1099-B or substitute statement reported on form or schedule

40 Form 1040, line 22 **40**

41 Schedule C (Form 1040) **41**

42 Schedule D (Form 1040) **42**

43 Schedule E (Form 1040) **43**

44 Schedule F (Form 1040) **44**

45 Other form or schedule (identify) (If nontaxable, indicate reason—attach additional sheets if necessary): **45**

46 Total (add lines 40 through 45) **46**

Note: The amount on line 46 should be the same as the total bartering income on all Forms 1099-B and substitute statements received for bartering transactions.

EXHIBIT C

New York State Department of Taxation and Finance



Resident Income Tax Return

New York State • City of New York • City of Yonkers

For the year Jan. 1 — Dec. 31, 1990, or fiscal year beginning 1990, ending 19

IT-201

For office use only

Attach label, or print or type	Last name		First name and middle initial (if joint return, enter both names)		Your social security number	
	WASEMAN, David M.		and HARDING, TOSHL		086 42 8241	
	Mailing address (number and street or rural route)		Apartment number		Spouse's social security number	
	425 East 51st Street		5A-6A		514 44 4940	
City, village or post office		State		ZIP code		New York State county of residence
New York, New York		NY		10022		New York
In the space below, print or type your permanent home address within New York State if it is not the same as your mailing address above (see instructions, page 20).						School district name
Permanent home address (number and street or rural route)						School district code number
						309
City, village or post office		State		ZIP code		If taxpayer is deceased, enter first name and date of death.
NY		NY				1 1

(A) Filing status —

- check one box:
- ① ☐ Single
- ② ☒ Married filing joint return (enter spouse's social security number above)
- ③ ☐ Married filing separate return (enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 1990 federal income tax return? Yes ☒ No ☐(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒(D) If you use a paid preparer and do not want New York tax forms mailed to you next year, check box ☐(E) Enter the number of exemptions claimed from your federal return, line 6e

Enter your income items and total adjustments exactly as they appear on your federal return (see instructions, page 10).

Federal Income and Adjustments	1	Wages, salaries, tips, etc.	1	5,329,797	39
	2	Taxable interest income	2	214,596	44
	3	Dividend income	3	4,236	99
	4	Taxable refunds of state and local income taxes (also enter on line 24 below)	4		
	5	Alimony received	5		
	6	Business income or (loss) (attach copy of federal Schedule C, Form 1040)	6		
	7	Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)	7	13,117	37
	8	Capital gain distributions not reported on line 7	8		
	9	Other gains or (losses) (attach copy of federal Form 4797)	9		
	10	Taxable amount of IRA distributions	10		
	11	Taxable amount of pensions and annuities	11		
	12	Rents, royalties, partnerships, estates, trusts, etc. (attach copy of federal Schedule E, Form 1040)	12		
	13	Farm income or (loss) (attach copy of federal Schedule F, Form 1040)	13		
	14	Unemployment compensation (insurance)	14		
	15	Taxable amount of social security benefits (also enter on line 25 below)	15		
16	Other income (see instructions, page 10) Identify:	16			
17	Add lines 1 through 16	17	5,541,728	19	
18	Total federal adjustments to income (see instructions, page 10) Identify:	18		00	
19	Subtract line 18 from line 17. This is your federal adjusted gross income	19	5,541,728	19	
New York Adjusted Gross Income	New York Additions: (see instructions, page 11)				
	20	Interest income on state and local bonds (but not those of New York State and local governments within the state)	20		
	21	Public employee 414(h) retirement contributions (see instructions, page 11)	21		
	22	Other (see instructions, page 11) Identify:	22		
	23	Add lines 19 through 22	23	5,541,728	19
	New York Subtractions: (see instructions, page 12)				
	24	Taxable refunds of state and local income taxes (from line 4 above)	24		
	25	Taxable amount of social security benefits (from line 15 above)	25		
	26	Interest income on US government bonds	26		
	27	Pension and annuity income exclusion	27		
28	Other (see instructions, page 12) Identify:	28			
29	Add lines 24 through 28	29		00	
30	Subtract line 29 from line 23. This is your New York adjusted gross income (if you claimed the standard deduction on your federal return, skip lines 24 through 28 and enter the line 30 amount on line 46 on the back page)	30	5,541,728	19	

DN00432

IT-201 (1997) (back)

If you itemized your deductions on federal Form 1040, fill in lines 31 through 45 and continue on line 46.

31 Medical and dental expenses (from federal Schedule A, line 4).....		31	00
32 Taxes you paid (from federal Schedule A, line 8).....		32	614,991 27
33 Interest you paid (from federal Schedule A, line 13).....		33	7,782 75
34 Gifts to charity (from federal Schedule A, line 17).....		34	20,389 15
35 Casualty and theft losses (from federal Schedule A, line 18).....		35	00
36 Moving expenses (from federal Schedule A, line 19).....		36	00
37 Job expenses and most other miscellaneous deductions (from federal Schedule A, line 25).....		37	00
38 Other miscellaneous deductions (from federal Schedule A, line 26).....		38	00
39 Total itemized deductions (from federal Schedule A, line 27).....		39	643,163 17
40 State, local and foreign income taxes included on line 32 (see instructions).....		40	600,445 03
41 Subtract line 40 from line 39.....		41	42,018 14
42 Other adjustments (see instructions, page 14).....		42	00
43 Line 41 and add or subtract line 42.....		43	42,018 14
44 Itemized deduction adjustment (if line 39 is more than \$100,000, see instructions, page 14; all others enter "0" on line 44).....		44	21,509 87
45 Subtract line 44 from line 43. This is your itemized deduction.....		45	21,509 87
46 Enter the amount from line 39 on the front page (this is your New York adjusted gross income).....		46	5,541,797 39
47 Check appropriate box and enter the larger of: or <input checked="" type="checkbox"/> your standard deduction from instructions, page 15..... or <input checked="" type="checkbox"/> your itemized deduction from line 45.....		47	21,509 87
48 Subtract line 47 from line 46.....		48	5,540,288 52
49 Dependent exemptions (from line c of Dependent Exemption Worksheet, instructions page 15).....		49	00
50 Subtract line 49 from line 48. This is your taxable income.....		50	5,540,288 52
51 New York State tax on line 50 amount (use New York State Tax Table on yellow pages 29 through 36).....		51	435,579 96
52 NY State child and dependent care credit (number of qualifying persons <input type="text"/> credit for 1997 <input type="text"/> amount of federal credit for child and dependent care <input type="text"/> x 20% (.20) =).....		52	00
53 New York State household credit (from Table I, II or III, instructions page 16).....		53	00
54 Other New York State credits (from Form IT-201-ATT, line 7; attach form).....		54	00
55 Add lines 52, 53, and 54.....		55	00
56 Subtract line 55 from line 51 (if line 55 is more than line 51, enter "0").....		56	435,579 96
57 Other New York State taxes (from Form IT-201-ATT, line 15; attach form).....		57	00
58 Add lines 56 and 57. This is the total of your New York State taxes.....		58	435,579 96
59 City of New York resident tax (use City of NY Tax Table on white pages 37-44).....		59	216,225 47
60 City of NY household credit (from Table IV, V or VI, page 17).....		60	00
61 Subtract line 60 from line 59 (if line 60 is more than line 59, enter "0").....		61	216,225 47
62 City of New York nonresident earnings tax (attach Form NYC-203).....		62	00
63 Other city of New York taxes (from Form IT-201-ATT, line 19; attach form).....		63	00
64 City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 18).....		64	00
65 City of Yonkers nonresident earnings tax (attach Form Y203).....		65	00
66 Part-year city of Yonkers resident income tax surcharge (attach Form IT3601).....		66	00
67 Add lines 61 through 66. This is the total of your city of New York and city of Yonkers taxes.....		67	216,225 47
68 If you want to Return a Gift to Wildlife, enter amount: \$5, \$10, \$20, other (see instructions, pages 9 and 18).....		68	10 00
69 Add lines 58, 67 and 68. This is the total of your New York State, city of New York and city of Yonkers taxes, and Gift to Wildlife.....		69	651,815 43
70 Real property tax credit (from Form IT-214, line 17; attach form).....		70	00
71 Total New York State tax withheld (attach wage and tax statements to front).....		71	409,401 55
72 Total city of New York tax withheld (attach wage and tax statements to front; see instructions).....		72	189,445 41
73 Total city of Yonkers tax withheld (attach wage and tax statements to front; see instructions).....		73	00
74 Estimated tax paid/Amount paid with Form IT370.....		74	00
75 Add lines 70 through 74. This is the total of your payments.....		75	598,846 96
76 If line 75 is more than line 69, enter amount overpaid (also complete line 77 or 78, or both).....		76	00
77 Amount of line 76 to be refunded to you.....		77	00
78 Amount of line 76 to be applied to your 1998 estimated tax.....		78	00
79 If line 76 is less than line 69, enter amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and 1998 income tax on it).....		79	52,952 47
80 Estimated tax penalty (see instructions, page 19).....		80	00

Paid

Preparer's signature: _____ Date: _____

Preparer's name (for you, if self-employed): _____ Preparer's social security number: _____

Address: _____ Employer identification number: _____

Sign Your Return

Your signature: David M. Foran Date: 4-14-91

Spouse's signature (if joint return): Reed Foran Date: 4-14-91

DN00433

EXHIBIT D

New York State Department of Taxation and Finance

1990 Resident Income Tax Return

New York State • City of New York • City of Yonkers

For the year Jan. 1 — Dec. 31, 1990, or fiscal tax year beginning 1990, ending 19

IT-201

For office use only

Attach label or print or type

Last name First name and middle (initial if joint return, enter both names) Your social security number
Naseman, David M. and Haeedma, Toeh **086 42 9261**

Mailing address (number and street or rural route) Apartment number Spouse's social security number
425 East 51st Street **5A-6A** **514 44 4960**

City, village or post office State ZIP code New York State county of residence
New York, New York **10022** **New York**

In this space below, print or type your permanent home address within New York State if it is not the same as your mailing address above (see instructions, page 20). School district name
Manhattan

Permanent home address (number and street or rural route) Apartment number School district code number
309

City, village or post office State ZIP code If taxpayer is deceased, enter first name and date of death.

NY

(A) Filing status — ☐ Single
☒ Married filing joint return (enter spouse's social security number above)
☐ Married filing separate returns (enter spouse's social security number above)
☐ Head of household (with qualifying person)
☐ Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 1990 federal income tax return? Yes ☒ No ☐

(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒

(D) If you use a paid preparer and do not want New York tax forms mailed to you next year, check box ☐

(E) Enter the number of exemptions claimed from your federal return, line 6a **2**

Enter your income items and total adjustments exactly as they appear on your federal return (see instructions, page 10).

1	Wages, salaries, tips, etc.	1,252,059.88
2	Taxable interest income	54,502.61
3	Dividend income	4,236.99
4	Taxable refunds of state and local income taxes (also enter on line 24 below)	
5	Alimony received	
6	Business income or (loss) (attach copy of federal Schedule C, Form 1040)	
7	Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)	13,117.37
8	Capital gain distributions not reported on line 7	
9	Other gains or (losses) (attach copy of federal Form 4797)	
10	Taxable amount of IRA distributions	
11	Taxable amount of pensions and annuities	
12	Rents, royalties, partnerships, estates, trusts, etc. (attach copy of federal Schedule E, Form 1040)	
13	Farm income or (loss) (attach copy of federal Schedule F, Form 1040)	
14	Unemployment compensation (insurance)	
15	Taxable amount of social security benefits (also enter on line 28 below)	
16	Other income (see instructions, page 10) Identify:	
17	Add lines 1 through 16	1,323,916.85
18	Total federal adjustments to income (see instructions, page 10) Identify:	
19	Subtract line 18 from line 17. This is your federal adjusted gross income	1,323,916.85

New York Additions: (see instructions, page 11)

20	Interest income on state and local bonds (but not those of New York State and local governments within the state)	20
21	Public employee 414(b) retirement contributions (see instructions, page 11)	21
22	Other (see instructions, page 11) Identify:	22
23	Add lines 19 through 22	1,323,916.85

New York Subtractions: (see instructions, page 12)

24	Taxable refunds of state and local income taxes (from line 4 above)	24
25	Taxable amount of social security benefits (from line 15 above)	25
26	Interest income on US government bonds	26
27	Pension and annuity income exclusion	27
28	Other (see instructions, page 12) Identify:	28
29	Add lines 24 through 28	00
30	Subtract line 29 from line 23. This is your New York adjusted gross income (if you claimed the standard deduction on your federal return, skip lines 21 through 28 and enter the line 20 amount on line 26 on the back page)	1,323,916.85



TH466

FD-201 (1990) (back)

If you itemized your deductions on federal Form 1040, fill in lines 31 through 45 and continue on line 46.

31	Medical and dental expenses (from federal Schedule A, line 4)	31		00
32	Taxes you paid (from federal Schedule A, line 8)	32	145,350	96
33	Interest you paid (from federal Schedule A, line 13)	33	7,782	75
34	Gifts to charity (from federal Schedule A, line 17)	34	20,389	15
35	Casualty and theft losses (from federal Schedule A, line 18)	35		00
36	Moving expenses (from federal Schedule A, line 19)	36		00
37	Job expenses and most other miscellaneous deductions (from federal Schedule A, line 20)	37		00
38	Other miscellaneous deductions (from federal Schedule A, line 28)	38		00
39	Total itemized deductions (from federal Schedule A, line 27)	39	193,522	86
40	State, local and foreign income taxes included on line 32 (see instructions)	40	150,804	72
41	Subtract line 40 from line 39	41	42,718	14
42	Other adjustments (see instructions, page 14)	42		00
43	Line 41 and add or subtract line 42	43	42,718	14
44	Itemized deduction adjustment (if line 39 is more than \$100,000, see instructions, page 14; all others enter "0" on line 44)	44	21,359	07
45	Subtract line 44 from line 43. This is your itemized deduction	45	21,359	07
46	Enter the amount from line 39 on the front page (this is your New York adjusted gross income)	46	1,323,914	85
47	Check appropriate box and enter the larger of: <input type="checkbox"/> your standard deduction from instructions, page 15, or <input type="checkbox"/> your itemized deduction from line 45	47	21,359	07
48	Subtract line 47 from line 46	48	1,302,554	78
49	Dependent exemptions (from line e of Dependent Exemption Worksheet, instructions page 16)	49		00
50	Subtract line 49 from line 48. This is your taxable income	50	1,302,554	78
51	New York State tax on line 50 amount (use New York State Tax Table on yellow pages 20 through 36)	51	136,111	50
52	NY State child and dependent care credit (number of eligible persons <input type="checkbox"/> and for each <input type="checkbox"/> x 20% (20%))	52		00
53	New York State household credit (from Table 1, II or III, instructions page 10)	53		00
54	Other New York State credits (from Form IT-201-ATT, line 7; attach form)	54		00
55	Add lines 52, 53, and 54	55		00
56	Subtract line 55 from line 51 (if line 55 is more than line 51, enter "0")	56	136,111	50
57	Other New York State taxes (from Form IT-201-ATT, line 15; attach form)	57		00
58	Add lines 56 and 57. This is the total of your New York State taxes	58	136,111	50
59	City of New York resident tax (see City of NY Tax Table on white pages 37 - 49)	59	67,651	67
60	City of NY household credit (from Table IV, V or VI, page 47)	60		00
61	Subtract line 60 from line 59 (if line 60 is more than line 59, enter "0")	61	67,651	67
62	City of New York nonresident earnings tax (attach Form NYC-203)	62		00
63	Other city of New York taxes (from Form IT-201-ATT, line 19; attach form)	63		00
64	City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 18)	64		00
65	City of Yonkers nonresident earnings tax (attach Form Y-203)	65		00
66	Part-year city of Yonkers resident income tax surcharge (attach Form IT-380.1)	66		00
67	Add lines 61 through 66. This is the total of your city of New York and city of Yonkers taxes	67	67,651	67
68	If you want to Return a Gift to Wildlife, enter amount: \$5, \$10, \$25, other (see instructions, pages 9 and 10)	68	10	00
69	Add lines 58, 67 and 68. This is the total of your New York State, city of New York and city of Yonkers taxes, and Gift to Wildlife	69	203,763	17
70	Real property tax credit (from Form IT-214, line 17; attach form)	70		00
71	Total New York State tax withheld (attach wage and tax statements to front)	71	104,461	55
72	Total city of New York tax withheld (attach wage and tax statements to front; see instructions)	72	44,403	17
73	Total city of Yonkers tax withheld (attach wage and tax statements to front; see instructions)	73		00
74	Estimated tax paid/Amount paid with Form IT-970	74		00
75	Add lines 70 through 74. This is the total of your payments	75	152,864	72
76	If line 75 is more than line 69, enter amount overpaid (also complete line 77 or 78, or both)	76		00
77	Amount of line 76 to be refunded to you	77		00
78	Amount of line 76 to be applied to your 1991 estimated tax	78		00
79	If line 75 is less than line 69, enter amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and 1990 income tax on it)	79	52,958	47
80	Estimated tax penalty (see instructions, page 19)	80		00

Sign Your Return

Preparer's signature: _____ Date: _____
 Preparer's social security number: _____
 Signature: _____ Date: 4-14-91
 Signature: _____ Date: 4-14-91

TH467

COMPARISON CHART

EXHIBIT A, PAGE 2

DNB0479

ENLARGED FOR COMPARISON AND
ILLUSTRATION PURPOSES ON PAGES 3 AND 4

EXHIBIT B, PAGE 2

[illegible]

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ENLARGED FOR COMPARISON AND
ILLUSTRATION PURPOSES ON PAGES 3 AND 4

EXHIBIT B, PAGE 1

1040 U.S. Individual Income Tax Return		1990	
Name David D. Adams	Address 1234 Main St. Anytown, CA 90210	Occupation Self-employed	SSN 123-45-6789
Marital Status Single	Dependents None	Exemptions None	Other None
Income 1. Wages, salaries, tips, etc. 2. Dividends, interest, etc. 3. Capital gains, etc. 4. Other income	Adjusted Gross Income 5. Total income 6. Less: Deductions 7. Adjusted gross income	Taxable Income 8. Total income 9. Less: Exemptions 10. Taxable income	Tax 11. Total tax 12. Less: Credits 13. Tax after credits
Refundable Credits 14. Total refundable credits	Non-refundable Credits 15. Total non-refundable credits	Final Tax 16. Total tax 17. Less: Credits 18. Final tax	Refund 19. Total refund

1

COMPARISON OF ALIGNMENT OF
TWO VERSIONS OF FEDERAL TAX
RETURNS BEARING IDENTICAL
SIGNATURE BLOCKS

SOURCE DOCUMENT

EXHIBIT A - DN00420 (150%)

Return of Amount You Owe

63 Amount of line 63 to be applied to your 1991 estimated tax **63**

66 If line 54 is more than line 62, enter amount you owe. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040" on it. **260,573 74**

67 Estimated tax penalty (see page 25) **67**

Sign Here

Keep a copy of this return for your records.

Paid Preparer's Use Only

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature **Quaid in 77** Date **4-14-91** Your occupation **Attorney - at - Law**

Spouse's signature (if joint return) **Debbie Harding** Date **4-14-91** Spouse's occupation **Vice President & General Counsel**

Preparer's signature **Debbie Harding** Date **4-14-91** Preparer's social security no. **66-0000000**

Firm's name (or yours if self-employed) and address **1600 Government Building Office, 1900 - 26008**

ZIP code **1 2 3**

DOCUMENT ONTO WHICH THE SIGNATURE BLOCK ABOVE
WAS REPRODUCED THROUGH WHAT IS COMMONLY
REFERRED TO AS A "CUT-AND-PASTE"

EXHIBIT B - TH454 (150%)

Refund or Amount You Owe

63 Amount of line 63 to be applied to your 1991 estimated tax **63**

66 If line 54 is more than line 62, enter amount you owe. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040" on it. **105,238 12**

67 Estimated tax penalty (see page 25) **67**

Sign Here

Keep a copy of this return for your records.

Paid Preparer's Use Only

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature **Quaid in 77** Date **4-14-91** Your occupation **Attorney - at - Law**

Spouse's signature (if joint return) **Debbie Harding** Date **4-14-91** Spouse's occupation **Vice President & General Counsel**

Preparer's signature **Debbie Harding** Date **4-14-91** Preparer's social security no. **66-0000000**

Firm's name (or yours if self-employed) and address **1600 Government Building Office, 1900 - 26008**

ZIP code **1 2 3**

66 If line 54 is more than line 62, enter amount you owe. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040" on it. **260,573**

67 Estimated tax penalty (see page 25) **67**

Sign Here

Keep a copy of this return for your records.

Paid Preparer's Use Only

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature **Quaid in 77** Date **4-14-91** Your occupation **Attorney - at - Law**

Spouse's signature (if joint return) **Debbie Harding** Date **4-14-91** Spouse's occupation **Vice President & General Counsel**

Preparer's signature **Debbie Harding** Date **4-14-91** Preparer's social security no. **66-0000000**

Firm's name (or yours if self-employed) and address **1600 Government Building Office, 1900 - 26008**

ZIP code **1 2 3**

(CONTINUED ON FOLLOWING PAGE)

COMPARISON OF ALIGNMENT OF TWO VERSIONS OF FEDERAL TAX RETURNS BEARING IDENTICAL SIGNATURE BLOCKS

Exhibit B - TH454 (150%)

[illegible]

EXHIBIT A - DN00420 (150%)

65	the best part of the	- 80	at 1	Pre					
240,573	ed my knowledge and many knowledge.	6 - 1000	General Court parmer's social security						
74	beid,		ed	711					945-028

**MIS-ALIGNMENT WHEN
COMPARED TO
SOURCE DOCUMENT:**

SOURCE DOCUMENT:
"he best o" in yellow zone;
knowledge and b" in blue
"elief" in pink zone

"the best o" in yellow zone;
knowledge and b" in blue zone;
"elief" in pink zone

...has" in yellow zone;
...knowledge." in blue zone

is mostly in yellow zone

owns" in blue zone;
"el" in pink zone

o.¹⁷ in pink zone

EXHIBIT B - TH454 (200%)

65	105,238 12
<p>the best of my knowledge and belief was that my knowledge -</p> <p>- of - low</p> <p>4. General Counsel</p> <p>Preparer's skills security in -</p> <p>Preparation Office: 1900 - 2000</p>	

**ALIGNMENT OF
SOURCE DOCUMENT:**

the best" in yellow zone;
knowledge and" in blue zone;
"belief" in pink zone

er ha" in yellow zone;
knowledge." in blue zone

is mostly in blue zone

... in blue zone;

" in pink zone.

EXHIBIT A - DN00420 (200%)

66	260 573 714
<p>the best of my knowledge and belief no one has any knowledge of - ok - low of General Counsel Preparer's social security Western Printing Office 1900 -</p>	

EXHIBIT D, PAGE 1

IT-201
Resident Income Tax Return
 New York State - City of New York
 For the year 2007

Taxpayer Information
 Name: Michael, David M. and Madelon
 Address: 59-44 21st Ave, Bayside, NY 11364
 City: Bayside State: NY Zip: 11364
 Date of birth: 01/01/54 Social Security Number: 123-45-6789

Employment Information
 (a) Employer's name: ABC Corp
 (b) Employer's address: 123 Main St, New York, NY 10001
 (c) Employer's phone number: 212-123-4567
 (d) Employer's EIN: 12-3456789

Income
 1. Wages, salaries, tips, etc.: 123,456
 2. Dividend income: 12,345
 3. Interest income: 5,678
 4. Rental income: 10,000
 5. Capital gains/losses: 1,234
 6. Other income: 1,234

Exemptions
 7. Exemptions: 3
 8. Exemptions: 3
 9. Exemptions: 3
 10. Exemptions: 3

Tax
 11. Tax: 12,345
 12. Tax: 12,345
 13. Tax: 12,345
 14. Tax: 12,345

Refund
 15. Refund: 12,345
 16. Refund: 12,345
 17. Refund: 12,345
 18. Refund: 12,345

Signature
 19. Signature: [Signature]
 20. Signature: [Signature]

EXHIBIT D, PAGE 2

IT-201
Resident Income Tax Return
 New York State - City of New York
 For the year 2007

Taxpayer Information
 Name: Michael, David M. and Madelon
 Address: 59-44 21st Ave, Bayside, NY 11364
 City: Bayside State: NY Zip: 11364
 Date of birth: 01/01/54 Social Security Number: 123-45-6789

Employment Information
 (a) Employer's name: ABC Corp
 (b) Employer's address: 123 Main St, New York, NY 10001
 (c) Employer's phone number: 212-123-4567
 (d) Employer's EIN: 12-3456789

Income
 1. Wages, salaries, tips, etc.: 123,456
 2. Dividend income: 12,345
 3. Interest income: 5,678
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 5. Capital gains/losses: 1,234
 6. Other income: 1,234

Exemptions
 7. Exemptions: 3
 8. Exemptions: 3
 9. Exemptions: 3
 10. Exemptions: 3

Tax
 11. Tax: 12,345
 12. Tax: 12,345
 13. Tax: 12,345
 14. Tax: 12,345

Refund
 15. Refund: 12,345
 16. Refund: 12,345
 17. Refund: 12,345
 18. Refund: 12,345

Signature
 19. Signature: [Signature]
 20. Signature: [Signature]

ENLARGED FOR COMPARISON AND
 ILLUSTRATION PURPOSES ON PAGE 7

COMPARISON OF ALIGNMENT OF
TWO VERSIONS OF STATE TAX
RETURNS BEARING IDENTICAL
SIGNATURE BLOCKS

page 7

EXHIBIT C - DND0433 (150%)

74	Estimated tax paid/Amount paid with Form (1530)	74	• Sign your return below.
75	Add lines 70 through 74. This is the total of your payments	75	598,844.96
76	If line 75 is more than line 69, enter amount overpaid (also complete line 77 or 78, or both)	76	
77	Amount of line 76 to be refunded to you	77	
78	Amount of line 76 to be applied to your 1991 estimated tax	78	
79	If line 78 is less than line 69, enter amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and 1990 income tax on it)	79	52,958.47
80	Estimated tax penalty (see instructions, page 39)	80	00

Paid Preparer's Use Only

Preparer's signature: *Quail m. n. n.* Date: 4-14-91

Print name (or firm, if self-employed): *Quail m. n. n.* Date: 4-14-91

Employer identification number: *000000000*

Address: *000000000*

DND0433

SOURCE DOCUMENT:
MARGIN IS
PROPERLY ALIGNED

EXHIBIT D - TH467 (150%)

74	Estimated tax paid/Amount paid with Form (1530)	74	• Sign your return below.
75	Add lines 70 through 74. This is the total of your payments	75	598,844.96
76	If line 75 is more than line 69, enter amount overpaid (also complete line 77 or 78, or both)	76	
77	Amount of line 76 to be refunded to you	77	
78	Amount of line 76 to be applied to your 1991 estimated tax	78	
79	If line 78 is less than line 69, enter amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and 1990 income tax on it)	79	52,958.47
80	Estimated tax penalty (see instructions, page 39)	80	00

Paid Preparer's Use Only

Preparer's signature: *Quail m. n. n.* Date: 4-14-91

Print name (or firm, if self-employed): *Quail m. n. n.* Date: 4-14-91

Employer identification number: *000000000*

Address: *000000000*

DND0433

DOCUMENT ONTO WHICH THE
SIGNATURE BLOCK ABOVE WAS
REPRODUCED THROUGH WHAT
IS COMMONLY REFERRED TO
AS A "CUT-AND-PASTE":

MARGIN IS MIS-ALIGNED